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PSYCHOSEXUAL EVALUATION

Name: CORWIN, David

Date of Birth: April 13, 1948

Date Seen: April 8, 2021

Reason for Referral

This 72-year-old male participated in a psychosexual evaluation at the request of Officer Mallori Brady of the United States Pretrial Services Department, Eastern District of New York. Mr. Corwin has been charged with Possession of Child Pornography.

Evaluation Measures

- Clinical Interview
- Mental Status Exam
- Millon Clinical Multiaxial Inventory-IV (MCMI-IV)
- Abel Assessment for Sexual Interest-3 (AASI-3)
- Hare's PCL-R; SV
- STATIC 99R

Clinical Interview

Mr. Corwin was born in Greenport, New York to the marital union of Ruth Mildred (nee) Carmen and Barton Bouisvau Corwin. He was raised by both parents under middle class socioeconomic conditions in Greenport. His mother passed away in March 1978 at age 68 from breast cancer. She was a retired registered nurse and described as a "very good mom." Mr. Corwin's father passed away in 1964 at age 48 from a heart attack. He was employed as a union carpenter and described as, "an abusive person."

There is one sibling. Kirby Corwin is 69-years-old, married, employed as a fisherman and carpenter, and he resides in Alaska. Mr. Corwin shares a strained relationship with his brother.

Mr. Corwin recalled incidents of domestic violence. His father verbally and emotionally abused Mr. Corwin and his mother. He recalled that his father constantly called him names, humiliated him in front of people, and led Mr. Corwin to believe he could do nothing right.

Mr. Corwin stated that his father was an alcohol and intoxicated most of the time. After his mother retired, she became an alcoholic and still drinks to the point of intoxication every day. Mr. Corwin's brother abuses alcohol but to what extent is unknown.

A family history of psychiatric or legal issues was denied.

Mr. Corwin resides alone in a private residence located at 639 Main Street, Greenport, New York 11944. He can be reached on his cell phone at (934) 222-1392.

In terms of his own personal background, Mr. Corwin characterized his developmental years as "very difficult." When he was six-years-old, the carpenter's union fired his father because they discovered he was taking a blue thermos to work filled with alcohol and drinking on the job. This took away his father's identity and he started to abuse Mr. Corwin and his mother verbally and emotionally. He never abused Mr. Corwin's brother "because my brother could do nothing wrong in my father's eyes." Mr. Corwin's mother was a caring person, but she felt compelled to put up with her husband's abuse because divorce was not socially an option. His mother worked the night shift and attended church on a consistent basis. Mr. Corwin recalled that his mother "would go all out and for Christmas." There was structure in the home, but Mr. Corwin was never encouraged to focus on academics.

Socially, Mr. Corwin stated that he had an adequate number of peer friendships. He avoided having friends come to his house because he never wanted to expose them to his father's negative attitude or drinking. He recalled one incident where he invited a friend over. Mr. Corwin's father was working on a refrigerator and started calling Mr. Corwin names and he felt humiliated in front of his friend.

Academically, Mr. Corwin attended public schools in the Greenport Union Free School District. He denied any learning disabilities, but he maintained poor grades because academics was never encouraged by his parents. He graduated from Greenport High School in June 1966.

In September 1966, Mr. Corwin attended Suffolk Community College and in December 1968 he attained an Associate of Science in Marine Technology. He transitioned to the University of Miami where he would attend school for a semester and then stop to save money to continue his schooling. In 1976, he graduated with a Bachelor of Science in Civil Engineering.

Occupationally, Mr. Corwin obtained his first job at age twenty-one working for Suffolk County Health Services. He resigned to pursue his college education. When he was not in school, he worked building docks or whatever job was available so he could save money and return to school. In 1976, he obtained employment designing sewer collection systems for Gibbons and Highland. He returned to Greenport and took employment as an engineer for Liza Industries. Mr. Corwin resigned in 1981 to work for a friend in the construction field and he also did carpentry on the side. In February 1986, he worked as a staff engineer and was forced to stop working in March 1989 due to medical reasons. He returned to work in 1993 for a short period of time before his medical issues made it impossible for him to sustain employment. Mr. Corwin has not worked since August 1993.

Mr. Corwin stated that until his arrest for the instant offense he was a member of the Greenport Board of Appeals and attended many local government meetings.

Medically, Mr. Corwin stated that he was diagnosed with Chronic Fatigue Syndrome in March 1983 and is not prescribed any medication.

Mr. Corwin reported that when he was 21-years-old he started to use marijuana on rare occasion. Since March 1983, he has abused marijuana daily. Mr. Corwin cultivated marijuana in his home and used it to support his habit and as payment to "kids who mowed my lawn or anyone who did work around my house or helped me in some way." His last use was three weeks ago. Mr. Corwin stated he has abused non-prescribed Valium for the past twenty-five years. He was evasive as to where and how he was obtaining the pills. He claimed to be taking an average of 5mg daily, "and some days more." Since his arrest for the instant offense, Mr. Corwin states he is trying to reduce his Valium use on his own and is taking 5mg every other day. Of note is that he reported not taking Valium the day

of this assessment and severe tremors were noted. Mr. Corwin believes that the Valium “gives me energy and helps me interact with others because I am socially inept.” He denied any other illicit drug use. Mr. Corwin does not consume alcohol.

Psychologically speaking, Mr. Corwin stated that when he was six-years-old he developed anxiety and started to feel uncomfortable in public situations because of the abuse he sustained by his father. “I never knew what it was exactly until I tried Valium and it calmed me down from being constantly on edge, trying to be perfect, and not knowing what is going to happen next.” In 1974, Mr. Corwin developed periods depression. His symptoms became more consistent in 1981 after ending a relationship with a woman. The depression last for two years and stopped once Mr. Corwin returned to work. The breakup also evoked suicidal ideations but without a plan or intent. Currently, the only active symptoms Mr. Corwin experiences is being uncomfortable when in a public setting.

Regarding significant relationships, Mr. Corwin stated that he has always been shy when it comes to meeting women because he does not believe he is socially competent. His longest relationship lasted three years. He never married “for three reasons. One, I am socially inept. Two, I have Chronic Fatigue Syndrome. Three, my standards for women are too high.”

Mr. Corwin’s sexual history has been redacted.

In the legal realm, Mr. Corwin was arrested on March 24, 2021 and charged with Possession of Child Pornography. He was released on bail and placed on electric monitoring under the supervision of pretrial services.

Mental Status Examination

This 72-year-old single Caucasian male presented as casually dressed, demonstrated acceptable hygiene, stood 5 feet 10 inches tall, and was of slim build. Mr. Corwin is righthanded. He was cooperative, alert, and oriented to person, place, and time. Thought processes were on task and speech was fluid and goal directed. He presented with severe lower arm and hand tremors and preferred to stand throughout the entire clinical interview portion of the examination.

Mr. Corwin described his mood as “neutral,” and affect was congruent with stated mood. There is a reported history of depression that occurred over twenty years ago and lasted for approximately two years. It was triggered by his deciding to end a romantic relationship. Mr. Corwin states that he suffers from social

anxiety. He becomes very anxious when having to interact with others, especially in larger groups and considers himself "socially inept." He could not provide specific symptoms which may be masked by his Valium addiction. Mr. Corwin experienced suicidal ideations over twenty years ago after the breakup of his relationship and he denied a plan or intent. Current suicidal ideations were denied. Auditory, visual, and/or tactile hallucinations were absent.

Overall, Mr. Corwin appears to be functioning in the average range of intelligence; insight and judgment are extremely poor.

Testing Results

Personality/Psychopathology Testing:

Psychological testing for personality and psychopathology was performed using the *Millon Clinical Multiaxial Inventory-IV (MCMI-IV)*. Mr. Corwin's scores meet the criteria for an active clinical syndrome of Major Depression (recurrent, severe) and Generalized Anxiety Disorder. The following excerpts have been taken from the interpretive report.

Riddled with feelings of inadequacy and hopelessness, feeling valueless and alienated, Mr. Corwin's presentation is highly suggestive of a major depressive disorder. His extreme sensitivity to ridicule and potential rejection leaves him feeling ill at ease and isolated, even in the presence of others. He tends to persistently allow sadness to pervade his consciousness. Although he may cope by detaching himself from more immediately painful affective states, he may become mired in internalized complaints of personal guilt and the intellectualized pointlessness of continued existence. Always seeming to seek an escape from his psychic pain, but taking little to no action toward this end, he appears to have given in to personal doubts that he can effect any change for the better. This may be a function of his distorted view of himself as socially unworthy and faulty as a human being. He is loath to express these feelings to even the closest of relations, and therefore remains alone with a sense of dread that might otherwise dissipate if allowed some interpersonal outlet.

It is very likely that Mr. Corwin is suffering from a prominent generalized anxiety disorder. Widely generalized symptoms--including behavioral edginess, apprehensiveness over trivial matters, pervasive social disquiet, and worrisome self-doubts--are consistent with his overall personality makeup. In addition to his more general anxious state, specific symptoms may include fatigue, insomnia,

headaches, an inability to concentrate, and feelings of sexual inadequacy. Especially sensitive to public reproach, yet lacking the confidence to respond with equanimity, he may be experiencing more discomfort than usual. This is particularly true if he expressed his resentment against someone with whom he would rather have maintained a safe distance.

The following paragraphs refer to those enduring and pervasive personality traits that underlie Mr. Corwin's emotional, cognitive, and interpersonal difficulties. It focuses on his more habitual and maladaptive methods of relating, behaving, thinking, and feeling. Excerpts were taken from the interpretative report.

The MCMI-IV profile of Mr. Corwin suggests that he seeks to flatten his emotions and desires and to desensitize his fearful mistrust of others. His general social awkwardness and hesitation reflect a long-standing effort to keep people at a distance. Any past desires for closeness and affection may now be self-protectively denied. Despite his efforts to dampen feeling and desire, he may experience recurring anxieties and a general mood disharmony. He is likely to remain overconcerned with the possibility of social rebuff and to continue to anticipate as well as to elicit rejection.

It would be highly unusual for Mr. Corwin to evidence any sign of competitiveness or initiative. Nor is he likely to act out, display resentments overtly, or to pursue the lighter side of life. Instead, he persistently engages in deprecation of his aptitudes and generally avoids autonomous behavior. Despite an unrequited desire for acceptance, he probably believes that suppression of these needs is best, and instead maintains an emotional distance from others. He apparently has learned that by assuming a passive role and willingly submitting to the demands of others, he is likely to remain safe from humiliation and rejection. As a consequence, he probably has withdrawn into increasingly peripheral social and vocational roles.

Notable is Mr. Corwin's self-image of incompetence and ineffectuality, both of which make ordinary demands and responsibilities appear fraught with the dangers of failure and humiliation. His passive and dependent lifestyle not only may be a defensive maneuver but may also derive from an easy fatigability. His sluggish exterior and affective blandness may be deceptive, however; they may hide long-standing but restrained resentment and anxiety.

Overly self-absorbed, often lost in daydreams, Mr. Corwin may report being distracted by cognitions that intrude on his normal awareness of his surroundings.

To counteract troublesome feelings, he may suppress events that could incite disturbing memories and thoughts. Such defensive efforts preclude his opportunity for a socially rewarding lifestyle, and in conjunction with his bland personal appearance and withdrawal behavior, fail to elicit favorable attention and interest from others. As a consequence, he may drift further into an interpersonally detached, socially anxious, and ineffectual life pattern.

Psychosexual Screening:

The results of Mr. Corwin's Abel Assessment for Sexual Interest testing have been redacted.

Psychopathy and Potential Danger to Community Screening:

The assessment for psychopathy and potential danger to the community was assessed using the ***Hare-PCL:SV***, and results compared to those of the Forensic/Psychiatric population. This exam is broken down into two parts with the first assessing for specific character traits of superficiality, grandiosity, deceit, lack of remorse, lack of empathy, and acceptance of responsibility. The second part examines impulsivity, poor behavior controls, lacking goals, being irresponsible, adolescent antisocial behavior and adult antisocial behavior. Mr. Corwin's total raw score is 11 suggesting that he does not possess psychopathic features and is not a violent threat to the community.

Actuarial Risk Assessment: Static-99R

The STATIC 99-R is a risk assessment measure used to assist with the probability of reoffending. Many examiners use this tool, and it is widely respected in all court systems; however, many times the tool is misused and given to pretrial defendants, inmates, and those on supervised release when there is NO history of an actual physical sexual act against someone. This tool is not supposed to be used for pornography cases; and therefore, the STATIC 99-R score was not calculated.

Diagnostic Impression (some of the impressions may have been redacted)

Generalized Anxiety Disorder
Benzodiazepine Use Disorder; severe
Cannabis Use Disorder; severe
Avoidant Personality Disorder with schizoid and depressive traits

Summary and Recommendations

Mr. Corwin is a 72-year-old single male with average intelligence who does not have any support system. He reported a medical history of Chronic Fatigue Syndrome that was diagnosed in 1983. Mr. Corwin has not participated in a medical exam in many years, and he does not take prescribed medication.

Mr. Corwin reported that twenty-five years ago he started taking unprescribed Valium. He takes 5mg daily and there have been times that he has taken multiple pills in one day. Currently he is trying to wean himself off the drug and stated he has reduced his use to 5mg every other day. He was evasive when discussing where he was getting the Valium. Mr. Corwin was in college when he started using marijuana on occasion. His use increased in 1983 to several times a week. His last use was three weeks prior to this assessment. Mr. Corwin was growing marijuana inside his home. He stated that he used the plants to support his own marijuana habit and as payment to minors or adults who mowed his lawn, did work on his house, or helped him with other tasks. He denied other illicit drug use but on the Abel Assessment for Sexual Interest he reported a history of cocaine use that stopped in 1981.

Psychologically speaking, Mr. Corwin stated that during his childhood he developed anxiety and feeling uncomfortable in social situations. He believes this is occurred because of the emotional abuse and public humiliation he experienced at the hands of his father. He classifies himself as "socially inept." Mr. Corwin stated that he did not realize that he had social anxiety until he started taking Valium twenty-five years ago. The drug "gives me an up feeling" and confidence when he had to engage in social interactions or meetings. He also felt that the Valium helped with his Chronic Fatigue Syndrome and gave him energy to carry out daily tasks even though he knows it is a tranquilizer. Currently he still has anxiety when he must interact with others. Mr. Corwin reported having situational depression many years ago that lasted for approximately two years. This depressive episode evoked suicidal ideations without a plan or intent. He indicated the depression was triggered by his ending a dating relationship. Mr. Corwin denied current symptoms of depression. During this evaluation his thought processes were within normal limits. Current suicidal ideations were denied. Auditory, visual, and/or tactile hallucinations were absent.

Testing results for psychopathology and personality characteristics demonstrated that Mr. Corwin met the criteria for Major Depression (recurrent, severe) and Generalized Anxiety Disorder. His pervasive personality pathology

includes a broad-based social anxiety and guardedness. There is a strong desire to be accepted by others but a deep-seated fear of being humiliated and rejected. This results in keeping himself socially isolated. He appears to be characteristically shy and apprehensive, display awkwardness and discomfort in social situations, and actively retreat from the give-and-take of interpersonal relations. There is a tendency to be invariably pessimistic and to give the saddest interpretation of events. He tends to reactivate and then brood over minor incidents from the past and believe that his current state is irreversible. Mr. Corwin does possess anxiety ridden and painful memories that become easily reactivated by minor social stressors. Further complicating this is that he has few avenues for psychic gratification, tension relief, or conflict resolution. He feels trapped in the harshest of his inner and outer worlds, seeking to avoid both the distress that interpersonal relations bring and the emptiness and wounds that exist within.

The summary of the Abel Assessment for Sexual Interest and other information in this paragraph has been redacted.

Of note is that Mr. Corwin's claim to have Chronic Fatigue Syndrome since 1983 is questionable. The disorder itself has faced controversy over the years of whether it is medical versus psychosomatic in some individuals. Mr. Corwin's case it is believed to be the later and he tends to use this condition as an excuse for many dysfunctional aspects of his day-to-day life, including why he "got caught" with child pornography. Chronic Fatigue Syndrome as a true medical diagnosis is more than feeling tired all the time. There are other symptoms that make it very difficult for a person to carry out simple tasks in everyday life. Examples are walking from room to room in the house or doing a simple chore as dishes with tasks like these exacerbating symptoms. Sleep and rest do not make the condition better. There are three criteria for this medical diagnosis. One is a reduced ability to do usual activities for six months or more because of extreme fatigue. Second is the worsening of symptoms such as difficulty thinking, problems sleeping, sore throat, headaches, dizziness, or severe tiredness after typical physical or mental activity. Third, trouble falling asleep and staying asleep. Along with these three symptoms, the individual MUST have either problems with thinking and memory, or worsening of symptoms while standing or sitting upright where they feel lightheaded, very weak, and they may have blurred vision or see spots. Mr. Corwin's only complaint is fatigue. His memory was sharp, and he stood for over two hours during the clinical interview without any issues. Furthermore, he drove 90-minutes from his residence to this examiners office and then participated in an evaluation that lasted over four hours without any signs of exhaustion, and then drove back to his residence. He believes that the tremors he is experiencing are

related to his Chronic Fatigue Syndrome; however, that is not a known symptom of the disease and his tremors appear to be from his severe benzodiazepine abuse.

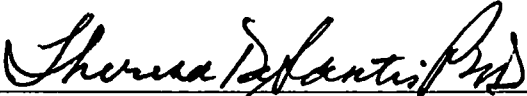
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Mr. Corwin's Valium addiction is severe, and it is believed that he is underreporting the actual amount of Valium he has been abusing over the years. Furthermore, obtaining this drug without a prescription puts him at risk for taking what he believes is Valium but can have other constituents that could be more dangerous, if not fatal. On the day of this assessment Mr. Corwin stated he did not take Valium and he presented with severe lower arm and hand tremors that are a symptom of Valium abuse and/or withdrawal. If Mr. Corwin attempts to wean himself from Valium without medical monitoring, he can potentially have a fatal grand mal seizure. **It is strongly recommended** that Mr. Corwin admit himself into a medical detoxification unit followed by inpatient substance abuse treatment. On discharge he should be referred to an outpatient substance abuse treatment program.

Given the overall results of this evaluation, **it is recommended** that Mr. Corwin participate in specialized individual mental health treatment. These sessions will not only address pertinent issues surrounding his anxiety disorder and personality pathology, but it will also focus on the triggers and thinking errors surrounding his offense cycle.

When Mr. Corwin achieves detoxification and abstinence from Valium, **it is recommended** that he participate in a psychiatric evaluation to determine if psychotropic medication that is not in the class of a benzodiazepine would be beneficial to minimize symptoms of social anxiety.

This paragraph as been redacted.


Theresa DeSantis, Ph.D., Director

April 21, 2021